DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 1/03/13

PRINTED: 11/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445071	A. BUILDING _____ B. WING _____	11/19/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLAIBORNE COUNTY NURSING HOME	1850 OLD KNOXVILLE ROAD TAZEWELL, TN 37879

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F 161 SS=C	483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility. This REQUIREMENT is not met as evidenced by: Based on review of the facility's Long Term Care Facility Resident Fund Bond and review of the facility Aging Report balance, the facility failed to ensure the Surety Bond was greater than or equal to the amount of the combined resident funds. The findings included: Review of the facility Surety Bond revealed the bond was for a maximum amount of ten thousand dollars ($10,000.00). Review of the facility Aging Report (report with the combined resident trust total) revealed the combined total ending balance of the residents' trust accounts was $12,259.24. Interview with the Business Office Manager on November 18, 2013, at 12:51 p.m., in the Business Office, confirmed the facility failed to ensure the Surety Bond was greater than or equal to the amount of the resident funds.	F 161	F 161 483.10(c)(7) SURETY BOND – SECURITY OF PERSONAL FUNDS Corrective Action Taken: Surety Bond increased from $10,000 to $20,000 through the Cincinnati Insurance Company on 12/03/2013 Measures put into place: (1) Monthly account reconciliation total will be reported to the Administrator by the Business Office Manager. (2) When the account balance totals $18,000 or more the Surety Bond will be increased to ensure total amount will not exceed bond coverage. Monitoring: The total account amount will be monitored by the Administrator to ensure the amount is not greater than the bond coverage. Responsible Person: Administrator Completion Date: 12/03/2013	12/31/2013
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tina S Brown — TITLE: Administrator — (X8) DATE: 12-5-2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 prevent accidents. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility falls investigations, and interview, the facility failed to ensure falls safety devices were in place and functioning for one resident (#39) of four residents reviewed for falls. The findings included: Resident #39 was admitted to the facility on March 23, 2011, with diagnoses of Alzheimer's Disease, Hallucinations, Senile Dementia with Depressive Features, Anemia, and Hip Joint Replacement. Medical record review of the resident's Care Plan dated March 7, 2012, revealed, "Potential for falls and injury due to: Hx (history) of falls...Mobile alarm. Bed alarm..." Medical record review of an update to the Care Plan dated November 19, 2012, revealed, "Resident had fall from bed on 11/17/12 at 1700 (5:00 p.m.) c (with) 0 (no) injury noted...Mobile alarm did not sound, bed alarm did sound..." Medical record review of an update to the Care Plan dated December 10, 2012, revealed, "Resident had a fall on 12/9/12 from low bed @ (at) 1720 (5:20 p.m.). Mobile & (and) bed alarm in use but did not sound. Staff to ensure alarms are working. 0 injury..."	F 323	F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION DEVICES Corrective Action Taken: The alarm of Resident #39 identified in the deficient practice was checked by maintenance and was working correctly at present on 11/19/13. How to identify other residents: 100% of alarm systems were checked for proper functionality by maintenance. Systems not functioning correctly were removed and replaced with functioning systems. The maintenance personnel are responsible for completion of this action. Results immediately reported to the Director of Nursing. This was completed 12/01/2013. Measures put in place: (1) Applicable nursing home staff will be reeducated on the importance of ensuring proper functioning of patient safety alarms and interventions to take if malfunction of alarms is identified. This inservice will be conducted by the Director of Nursing on 12/13/13. Staff	

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F 323	Continued From page 2 Medical record review of the resident's Care Plan dated February 6, 2013, revealed, "Potential for falls and injury due to...Hx of falls...Mobile Alarm. Bed alarm..." Medical record review of an update to the Care Plan dated February 26, 2013, revealed, "Resident had fall on 2/26/13 at 2030 (8:30 p.m.) from low bed c 5th toenail on Lt (left) foot torn off. Mobile was not attached possibly removed by resident. Also has bed alarm. Neither alarm sounded..." Medical record review of the facility falls investigation dated February 26, 2013, revealed, "...R (resident) on mat lying in floor...alarm not sounding...self-removal of mobile alarm..." Medical record review of the Rehabilitation Screen dated February 28, 2013, revealed, "Patient screened this date due to falls on 02-26-13...mobile alarm was not attached...and bed alarm was not turned to the on position...Recommend education of staff in proper management of alarms and close supervision of patient..." Medical record review of an update to the Care Plan dated April 10, 2013, revealed, "Resident had fall on 4/10/13 at 0010 (12:10 a.m.) from low bed c no injuries. Bed alarm did not sound and mobile was not attached to resident. CNAs (Certified Nursing Assistants) instructed to make sure alarms are in place and working properly..." Medical record review of a Rehabilitation Screen dated April 11, 2013, revealed, "Pt (patient) seen this date 2 (secondary) to fall from bed on 4-10-13...Pt has bed & mobile alarms in place	F 323	attendance will be verified by documented employee signatures on attendance sheet. (2) Alarms will be checked at each Resident rounding (every 2 hours) with any malfunctioning alarm immediately removed from use and reported to the Charge Nurse. A functioning alarm, as available, will be replaced on the Resident. If a replacement alarm is unavailable increase frequency on Resident rounds will be implemented. Monitoring: The Charge Nurse report verifying patient safety alarm issues will be reviewed by the Director of Nursing or designee daily. The # of functioning patient safety alarms / the total # of patient safety alarms ordered = compliance rate = patient safety compliance rate. Expected compliance rate is 100%. Results of this audit will be complied and presented to the Quality Management Committee every other month by the Director of Nursing. This data will be presented until a compliance rating of 100% is achieved for 3 consecutive	

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F 323	Continued From page 3 however mobile alarm had come detached from pt & bed alarm was malfunctioning staff to check on this & recommed nursing to check mobile alarm often..." Interview with the Minimum Data Set (MDS) nurse on November 18, 2013, at 9:47 a.m., in the MDS office, revealed the resident had one alarm placed under the resident in the bed (pressure alarm) and the resident was not capable of turning the alarm off. Further interview confirmed the bed alarm had malfunctioned and been replaced. Interviews with the Director of Nursing (DON) and the Maintenance Director on November 19, 2013, at 10:35 a.m., in the conference room, confirmed, "...(resident #39) couldn't possibly turn on or off the bed alarm..." Further interviews with the DON confirmed the facility failed to ensure the safety alarms were always attached to the resident, and turned on and functioning to prevent falls.	F 323	months The Administrator and Medical Director will receive monthly compliance rate information from the Director of Nursing. Responsible Person: Director of Nursing. COMPLETION DATE 12/15/2013	12/15/2013
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by:	F 371	F 371 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE – SANITARY Corrective Action: 100% of the undated foods stored in the freezer and refrigerator identified in this deficient practice were removed and destroyed on 11/17/13. 100% of dented cans identified in this deficient practice were removed from	

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F 371	Continued From page 4 Based on observation, review of facility policy, and interview, the facility failed to store refrigerated and frozen foods to avoid contamination and failed to remove dented cans from dry storage in the Dietary Department. The findings included: Observation on November 17, 2013, at 9:20 a.m., in the dietary department revealed: 1. In the reach-in freezer, one package of eighteen breakfast burritos opened, undated, and available for use. 2. In the walk-in refrigerator, one five pound bag of shredded carrots with a hole in the side of the bag opened to air, undated, and available for use. 3. In the walk-in freezer, one five pound bag of chicken tenders open to air, undated, and available for use; one five pound bag of chicken filets open to air, undated, and available for use; a plastic bag containing six chicken breast filets open to air, undated, and available for use; and one ten pound bag of mixed vegetables opened to air, undated, and available for use. 4. In the stand-up freezer, twelve individual sized, angel food cakes stored unlabeled, undated, and available for use; one two pound bag of cod nuggets opened, unlabeled, undated, and available for use; and one two pound bag of battered cauliflower open unlabeled, undated, and available for use. 5. In the dry storage area, one seven pound can of vanilla pudding dented and stored available for resident use; and one seven pound can of green beans dented, and stored available for resident use. Review of the facility policy Sanitation and	F 371	F371 Continued stock and destroyed on 11/17/2013. These actions were completed by the dietary staff under the supervision of the Dietary Manager. Identification of other wrongly stored items: 100% of food items stored (dry, refrigerator and freezer) were checked for label showing date they were opened. No further items were found to be deficient in identified practice. These actions were completed by the Dietary Department personnel under supervision of the Dietary Manager. 100% of cans stored were checked for dents by Dietary Department personnel under the supervision of the Dietary Manager. No further dented cans were found. Measures put in place: (1)The Sanitation and Storage Policy was revised by the Dietary Manager to include: "All opened dry, refrigerated or frozen food items must be dated when opened and resealed before storage." The Policy revision	

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F 371	Continued From page 5 Storage, effective January 1994, revised January 2010, revealed, "...any frozen foods that are frozen for left overs are to be covered and dated...no dented cans are to be opened and used..." Interview with the Dietary Manager on November 17, 2013, at 10:30 a.m., in the Dietary Manager's office, confirmed refrigerated and frozen foods were to be labeled and dated, dented cans were to be removed from stock, and the foods were improperly stored.	F 371	F 412 489.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS Corrective Action Taken:	
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: Based on medical record review, review of facility policy, and interview, the facility failed to provide yearly dental services for one resident (#52) of twenty-two residents reviewed. The findings included: Resident #52 was admitted to the facility on June 19, 2012, with diagnoses including Alzheimer's	F 412	Corrective Action Taken: Resident identified in this deficient practice was examined and evaluated by the dentist on11/15/2013. How to identify other residents: 100% of all remaining Residents charts were checked for documentation of examination by dentist in the previous 12 months, and a log made for scheduling annual examinations. No further Residents were identified as deficient. Measures put in place: (1) Applicable nursing home staff (nursing, social work, MDS, and dietary staff will be reeducated on the importance of and compliance with the required annual and PRN dental examination on 12/13/13 by the Director of Nursing. Staff attendance will be verified by documented employee signatures on the attendance sheet. (2) A log	

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F 412	Continued From page 6 Disease, Dysphagia, Hypertension, Anemia, and Nutritional Deficit Unspecified. Medical record review of the care plan, last updated on October 1, 2013, revealed, "...dental services yearly and PRN (as needed)..." Medical record review revealed the resident did not receive a dental evaluation until November 15, 2013, a time span of seventeen months. Review of the facility policy, Dental Services, effective April 1994, revised October 2012, revealed, "...An assessment will be performed by a qualified dentist or by the resident's attending physician on an annual basis..." Interview with the Director of Nursing (DON) on November 18, 2013, at 2:50 p.m., in the DON's office, confirmed no dental evaluation had been performed for seventeen months and the facility failed to provide dental services.	F 412	F412 Continued of each nursing home Resident and date of dental examination will be maintained by the Social Worker. (3) Each new Resident will be added to the dental examination log at the end of their initial months' stay in the nursing home. By the end of each new Resident's 2nd month in the nursing home a dental examination will be completed by the dentist and the date added to the dental examination log by the social worker and to the care plan by care plan team. Monitoring: The dental examination log will be review monthly by the Director of Nursing or his designee and compliance rate will be completed. # of monthly dental examinations completed / # of monthly dental examinations required = compliance rate. Expected compliance rate is 100% Compliance rate will be reported bimonthly to the Quality Management Committee by the Director of Nursing/Designee. Compliance rate of timely dental	

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